

Handwritten signature/initials

CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 2-28-06.

Mary Meegan
Mary Meegan

In Re Application of:

Bagley, et al.

Serial No.: **10/734,500**

Filed: **12-12-03**

For: **Articulating Stone Basket**

Group Art Unit: **3731**

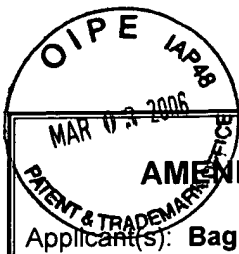
Examiner: **Pous, Natalie**

Docket No. **150-PDD-00-14DIV**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
First Response
Petition for Extension of Time
Terminal Disclaimer
Information Disclosure Statement
PTO Form 1449 and Cited References
Change of Correspondence Address
Authorization to Charge Credit Card in the Amount of \$760.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): **Bagley, et al.**

Docket No.

150-PDD-00-14DIV

Serial No.
10734,500

Filing Date
12-12-03

Examiner
Pous, Natalie

Confirmation No.
1614

Group Art Unit
3731

Invention: **Articulating Stone Basket**

**Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

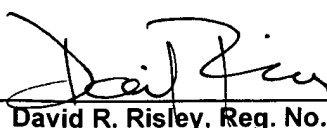
Transmitted herewith are the First Response, Extension of Time, Terminal Disclaimer and IDS in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	X \$25.00	\$0
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input checked="" type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees: Information Disclosure Statement and Terminal Disclaimer					\$310.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$760.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$760.00.
- ☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. _____


David R. Risley, Reg. No. 39,345

2/28/06
Date